

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-SEP-2012		2. ADDRESS OF OCCURRENCE 251 W 110TH ST CHICAGO, IL 60628		3. LOCATION CODE 304		4. BEAT/OCCUR 0513	
5. POSITION 9161		6. LAST NAME FULTON		7. FIRST NAME EDWARD M		8. STAR NO. 12724	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE 510		12. WT. 162	
13. DATE OF APPT 26-MAR-1990		14. EMPLOYEE NO. 005		15. UNIT & BEAT OF ASSIGNMENT 0513R		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. D.O.B. 506		20. HT. 240	
21. LAST NAME BLACKMON		22. FIRST NAME CYNTHIA		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE BLK	
25. ADDRESS [REDACTED]		26. TELEPHONE NO. [REDACTED]		27. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT, HANDS/FISTS) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		28. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
29. WHERE WAS MEDICAL TREATMENT OBTAINED? ROSELAND COMMUNITY HOSPITAL		30. BY WHOM? DR [REDACTED]		31. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
33. CHARGES PLACED 720 ILCS 5.0/12-4-B-17		34. CB NO 18495602		35. DNA <input type="checkbox"/>		36. DNA <input type="checkbox"/>	
37. SUBJECT'S ACTIONS		38. MEMBER'S RESPONSE		39. WEAPON DISCHARGE INCIDENT		40. ADDITIONAL INFORMATION	
PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER OTHER R/O'S ARRESTED		ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER		ASSAILANT/ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER		ASSAILANT/BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER STRUCK R/O WITH FIST	
MEMBER PRESENCE VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER OTHER R/O'S ARRESTED		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Concussive Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Specter Deployed) <input type="checkbox"/> OTHER		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER	
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
45. TASER DART ID NO.		46. WEAPON SERIAL NO. (Include letters)		47. CHICAGO GUN REG NO.		48. FIREARM OWNER ID NO.	
49. SPECIAL WEAPON CERTIFICATE NO.		50. PROPERTY INVENTORY NO.		51. TYPE OF AMMUNITION USED		52. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	
53. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		54. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		55. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		56. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
57. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		58. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		59. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		60. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	
61. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		62. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		63. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		64. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.	
65. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		66. REPORTING MEMBER (Print Name) FULTON, EDWARD M		67. STAR/EMPLOYEE NO. 12724		68. SIGNATURE [REDACTED]	
69. REVIEWING SUPERVISOR (Print Name) FLANIGAN, KEVIN T		70. STAR NO. 1547		71. SIGNATURE [REDACTED]		72. DATE REVIEWED 15-SEP-2012 05:20:34	

LOG# 1057079

Attachment 15

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY DR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject stated to R/LI, that her sister was being arrested and that she was trying to retrieve her and bring her back onto the porch. No further statement was made.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Fulton was in compliance with department policy. However, unknown officer(s) used force against the offender Blackman, and failed to report said use of force or to complete TRR's relating to this incident.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1057085 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RIGOLI, MICHAEL A

SIGNATURE:

DATE COMPLETED

TIME

15-SEP-2012 05:28:31

79. DISTRIBUTION OF ORIGINAL TRR.

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO FROM SUBJECT REPORTS FROM DEPARTMENT WITNESSES

☐ I.O.B. REPORT

☐ OR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No

4

LOG# 1057079

Attachment 15